



Cancer Detection Programs: Every Woman Counts

Step-by-Step Provider User Guide

Department of Health Services (DHS)
Cancer Detection Section (CDS)



and

EDS



Medi-Cal Web Site:
www.medi-cal.ca.gov

PRO Pubs 3/03

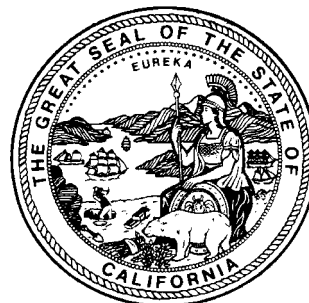


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Overview of Program Changes

The California Department of Health Services (DHS) is pleased to announce that effective October 1, 2002, the women's cancer screening services provided by the Cancer Detection Section (CDS) will be known as Cancer Detection Programs: Every Woman Counts. In addition to the name change, the hard copy CDS application and outcome code reporting will be replaced with new *Recipient Information*, *Breast Screen*, *Breast Follow-Up*, *Cervical Cancer Screen* and *Cervical Cancer Follow-Up* online forms. Only Primary Care Providers (PCP) will complete the online recipient forms. PCPs will need computers with Internet access to complete these forms. A new case management fee reimburses PCPs for case management services rendered and documentation of recipient outcomes on the online forms. Outcome codes will no longer be reported on the claim for dates of service on or after October 1, 2002.

Scope of Benefits

The program will continue to include the breast cancer screening benefits reimbursable to all CDS providers as well as cervical cancer screening services reimbursable to a limited network of providers. New case management codes will be offered only to PCPs when they perform case management services and submit documentation of recipient information on the online Recipient Information, Screen and Follow-up forms. A complete review of these forms will be covered later in this User Guide. For a complete list of covered services, please refer to the *Cancer Detection Programs: Every Woman Counts* section of the Medi-Cal manual.

Provider Participation

Primary Care Provider (PCP)

PCPs are those who are enrolled through one of the regional Cancer Detection Partnerships and have a provider agreement on file with CDS. They coordinate recipients' care, perform clinical breast exams (CBE) and/or pelvic exams/Pap smears. They are the screening entry point for recipients. PCPs are the only providers who will be able to enroll recipients through the *Recipient Information* online form and complete the recipient screen and follow-up forms. Each PCP must complete a *Medi-Cal Point of Service (POS) Network/Internet Agreement* and have Internet access to participate in this program. Effective October 1, 2002, a new case management code (99358) will be effective, and will be reimbursed only to the PCP upon completion of the *Recipient Information*, screen and follow-up forms indicating the final outcome of the screening and diagnostic services.

PCPs can refer recipients to any appropriate Medi-Cal provider in good standing. However, PCPs will be required to inform the referral providers of the billing requirements, covered services, recipient's eligibility status and 14-digit recipient ID number. PCPs are responsible for ensuring that clinical standards of the program are met and documenting the outcome of their care using the online forms.

Referral Providers

Referral providers are any providers to whom PCPs refer patients, such as mammographers, surgeons, anesthesiologists and pathologists. They will not need to have an agreement on file with CDS, but they must be Medi-Cal providers in good standing.



Recipient Eligibility

For current eligibility information and criteria, refer to the *Cancer Detection Programs: Every Woman Counts* section of the Medi-Cal manual.

Income

Federal poverty level incomes are adjusted on an annual basis in April and are published every year in the Medi-Cal bulletins and manual pages.

Health Insurance

To be eligible for Cancer Detection Programs: Every Women Counts, PCPs must certify that the recipient is uninsured or underinsured by recipient self-report.

Recipients may be certified as underinsured for Cancer Detection Programs: Every Woman Counts, if they have:

- No Medicare Part B coverage
- No Medi-Cal coverage or have limited scope Medi-Cal such as:
 - Medi-Cal for pregnancy or emergency service only
 - Medi-Cal with unmet Share of Cost (SOC) obligations
- No public or private insurance coverage
- Limited health insurance, such as:
 - Other health insurance copayments or deductible obligations that cannot be met
 - Other health insurance benefit restrictions, public or private, which exclude services available through the Cancer Detection Programs: Every Woman Counts

Cancer Detection Programs: Every Woman Counts is the payer of last resort. Refer to the *Cancer Detection Programs: Every Woman Counts* section of the Medi-Cal manual for more information.

Online Forms

Purpose

- PCPs complete online forms in order to:
 - Certify recipient eligibility
 - Obtain a recipient ID number
 - Enter clinical outcomes on screening of all recipients
 - Enter information about procedures on recipients with abnormal findings and final outcomes



Accessing the Forms

Note: Providers must complete and submit a *Medi-Cal Point of Service (POS) Internet/Network Agreement* to access the online forms. Call the POS/Internet Help Desk at 1-800-427-1295 for assistance.

STEP 1: Make a connection to the Internet.

STEP 2: Point your browser to www.medi-cal.ca.gov.

STEP 3: Click on **Transaction Services**.

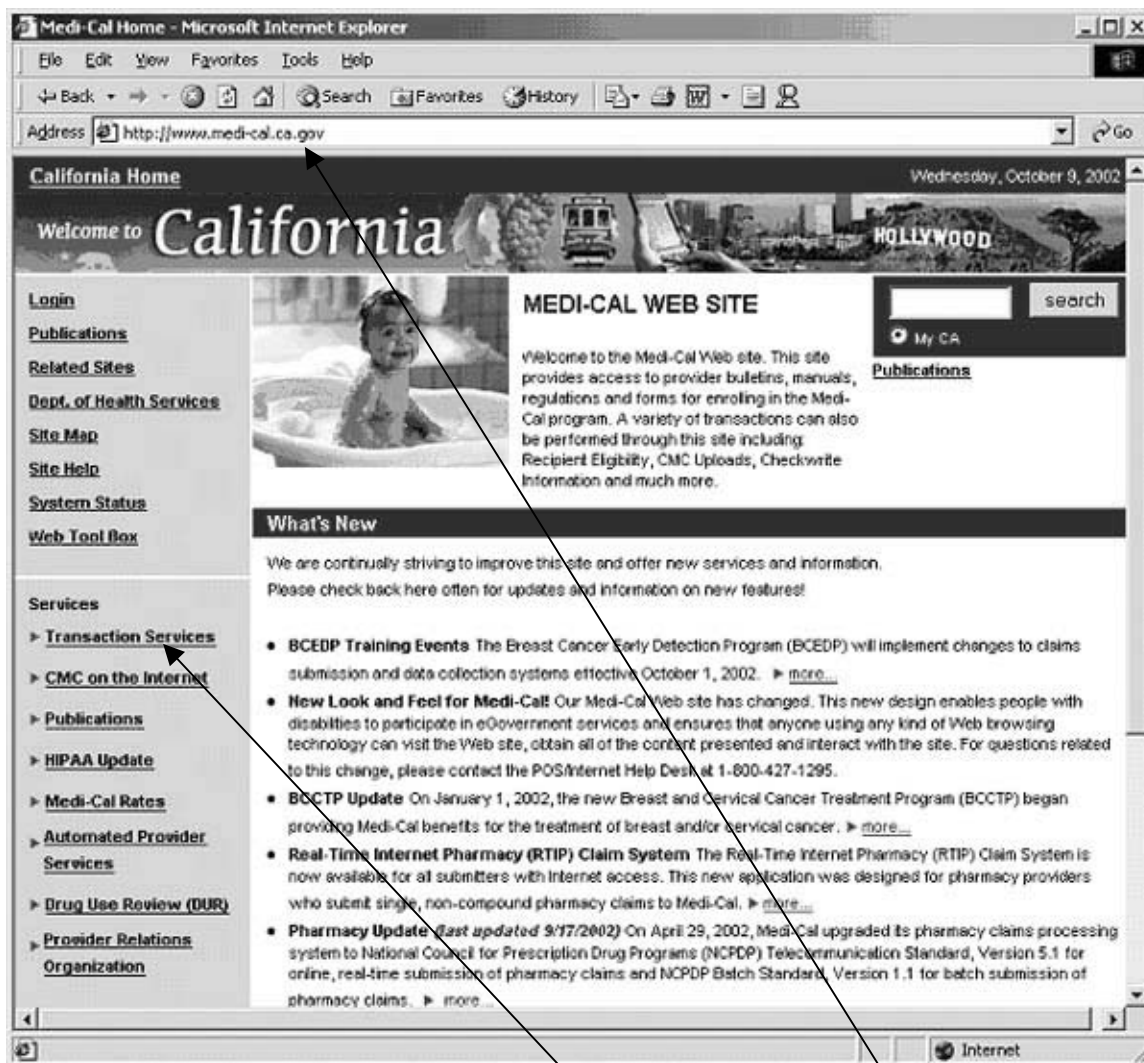


Figure 1: Medi-Cal Web site homepage

STEP 2: Point your browser to www.medi-cal.ca.gov

STEP 3: Click on **Transaction Services**



STEP 4: Type in the Medi-Cal Provider Number you will use for billing Cancer Detection Programs: Every Woman Counts services.

STEP 5: Type in the PIN associated with the above Medi-Cal Provider Number.

STEP 6: Click the <Submit> button.

Medi-Cal User Validation - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites History Print Mail

Address <https://www.medi-cal.ca.gov/Eligibility/Login.asp> Go

California Home Wednesday, October 9, 2002

Welcome to **California** HOLLYWOOD

Medi-Cal Home

[Login](#)

[Publications](#)

[Related Sites](#)

[Dept. of Health Services](#)

[Site Map](#)

[Site Help](#)

[System Status](#)

[Web Tool Box](#)

► [Login Instructions](#)

► [Services](#)

Login to Medi-Cal

Login Center for Transaction Services

Please enter your User ID and Password. Click Submit when done.

Learn how to [Sign Up](#) for Medi-Cal Internet Transactions.

Please enter your User ID:

Please enter your Password:

Be careful to protect your user ID and password to prevent unauthorized use.

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[Conditions of Use](#) [Privacy Policy](#)

Server: www.medi-cal.ca.gov [File: Eligibility/Login.asp] Last Modified: 5/15/2002 11:00:27 PM

Done Internet

Figure 2: Medi-Cal Log-In for Transaction Services page

STEP 4:
Medi-Cal
Provider
Number

STEP 5:
Type in PIN

STEP 6:
Click <Submit>



STEP 7: Click on **Cancer Detection Programs Application**. If **Cancer Detection Programs Application** does not appear as an option, the Medi-Cal Provider Number you used is not identified as a Cancer Detection Programs: Every Woman Counts Primary Care Provider. Check to make sure that the Medi-Cal Provider Number is the correct one. If it is, call your Regional Partnership.

The screenshot displays the California Medi-Cal Transaction Services web application. The top banner includes the 'California Home' logo, the date 'Friday, November 1, 2002', and a 'Welcome to California' message. The left sidebar contains links for 'Medi-Cal Home', 'Login', 'Publications', 'Related Sites', 'Dept. of Health Services', 'Site Map', 'Site Help', 'System Status', and 'Web Tool Box'. The main content area is titled 'Transaction Services' and shows the user is logged in as '00A178700'. A list of transaction services is displayed, including 'Determine Patient's Eligibility', 'Perform Share of Cost Transaction', 'Perform Medi-Services Transactions', 'Perform Automated Provider Services', 'Internet Batch Eligibility (IBE) Processing', 'Perform BCCTP Enrollment', and 'Cancer Detection Programs Application'. A callout box on the right, labeled 'STEP: 7', points to the 'Cancer Detection Programs Application' link with the text: 'Click on **Cancer Detection Programs Application**'.

Figure 3: Transaction Services and accessing the CDP Application



STEP 8: The Cancer Detection Programs: Every Woman Counts online application should appear. If the area shown below is empty, the Macromedia Flash Plug is not installed. Click **Web Tool Box**.

If the area shown below has the CDP Recipient Search screen displayed, skip to STEP 14.

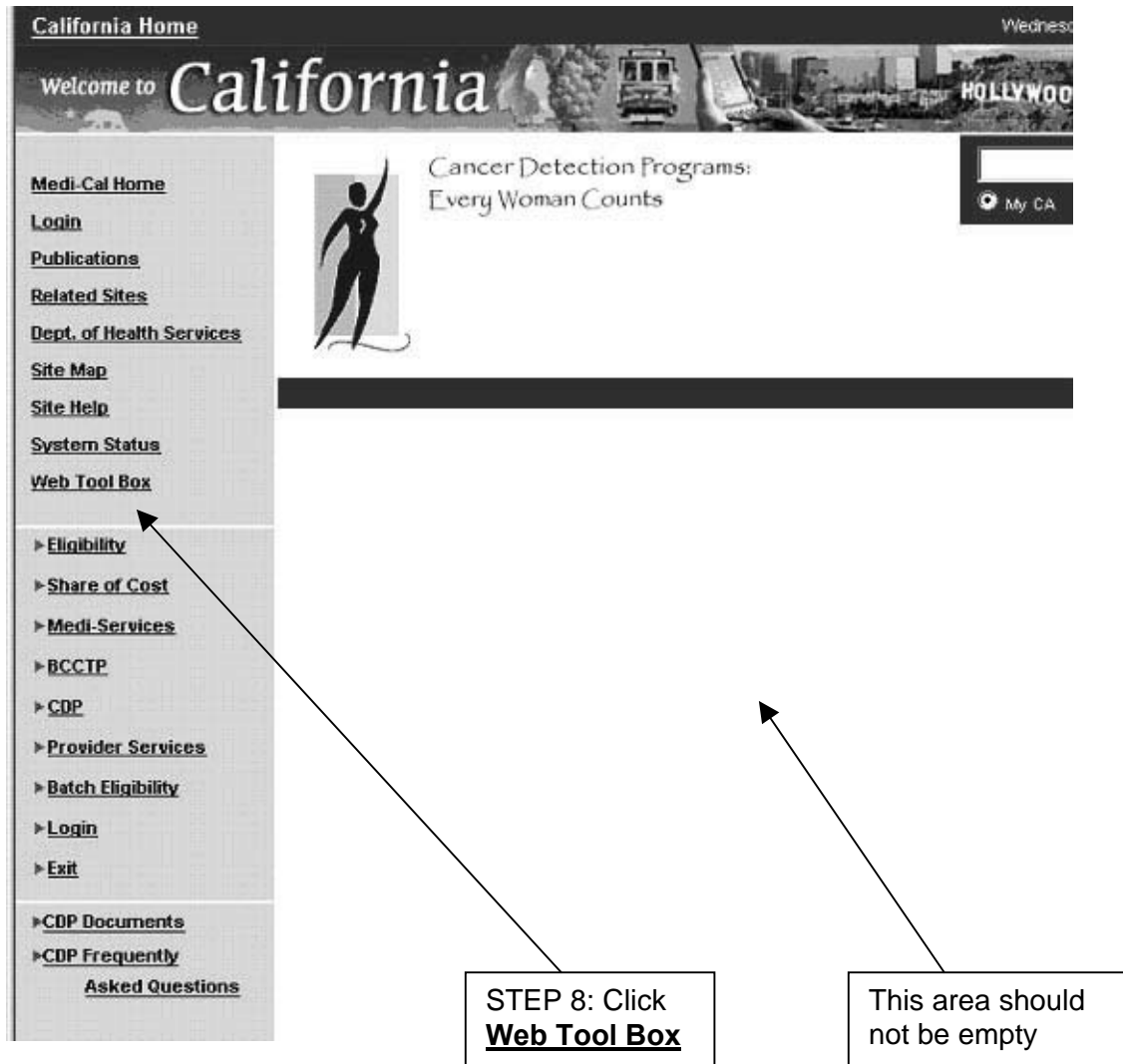


Figure 4: Empty page, showing a need to access the Web Tool Box



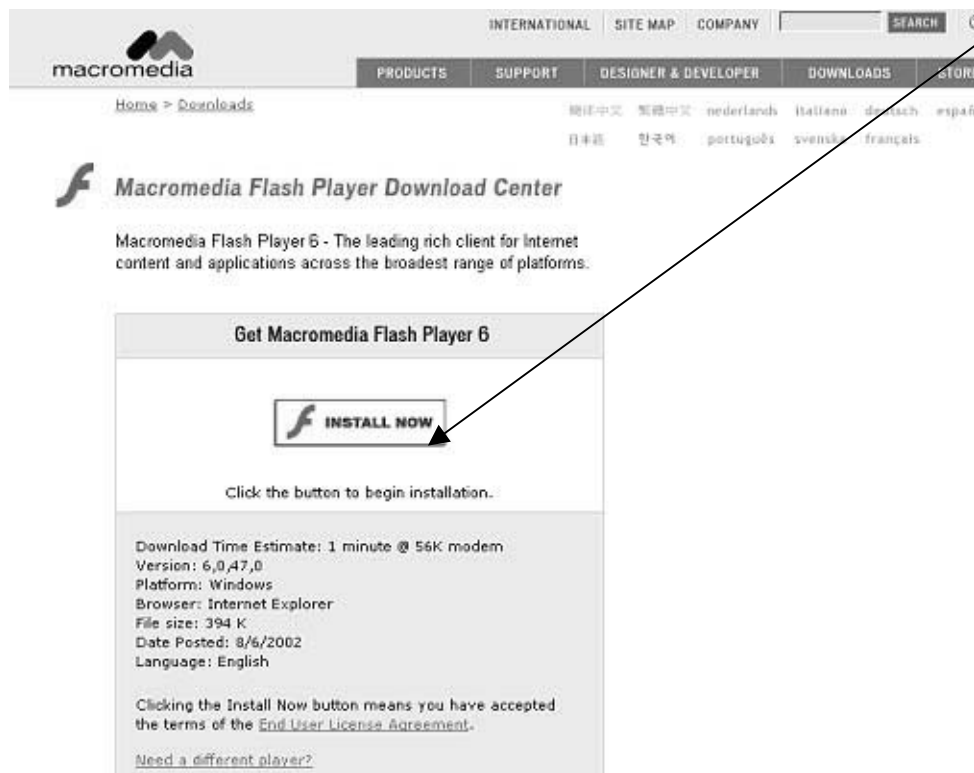
STEP 9: At the Web Tool Box page, click **Macromedia Flash**.

STEP 10: At the Macromedia page, click **INSTALL NOW**.



STEP 9:
Click **Macromedia Flash**

Figure 5: Web Tool Box



STEP 10:
Click **INSTALL NOW**

Figure 6: Macromedia page



STEP 11: Prior to the installation, you may see the following (if so, click on the <Yes> button):

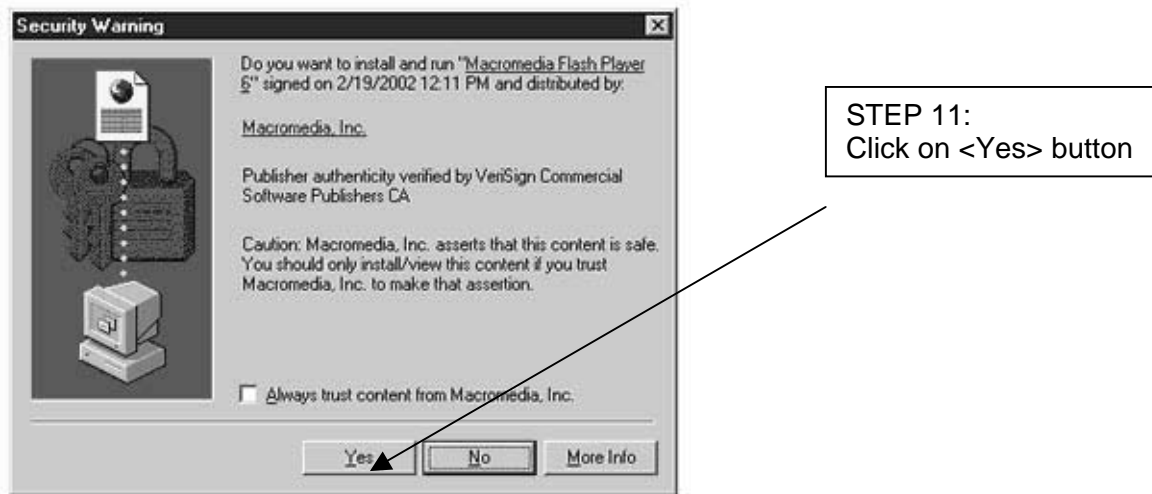


Figure 7: Macromedia Flash Security Warning

If the process is proceeding as it should, you will see the following screen:

STEP 12: Close the browser window:

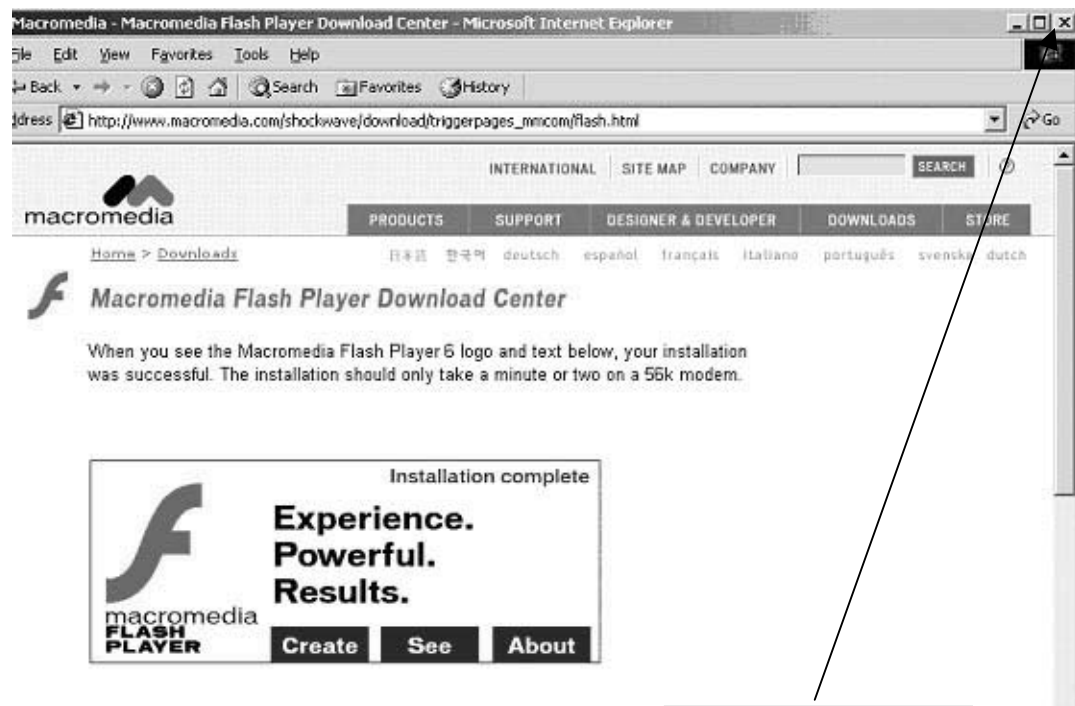


Figure 8: Macromedia Flash Download Center



STEP 13: The browser window with the application should still be open. When you locate and view it, the CDP Recipient Search screen should be visible. If the Search screen is not visible, call the POS/Internet Help Desk for assistance at 1-800-427-1295.

STEP 14: In addition to the online forms that you will fill out to enroll the recipients, there are paper forms required. An initial step in the enrollment process is having the recipient complete her portion of the eligibility and consent forms. Eligibility forms are currently available in English and Spanish. Consent forms are available in six languages: English, Chinese, Korean, Russian, Spanish and Vietnamese. These forms can be downloaded from the CDP Documents download page. Use the **CDP Documents** link on the left side of the screen. *Figure 10* on the following page shows the Cancer Detection Programs Documents - Download Page.

The screenshot shows the California Home page with a sidebar on the left and a main content area. The sidebar contains a 'Skip Navigation Links' section with links to Medi-Cal Home, Login, Publications, Related Sites, Dept. of Health Services, Site Map, Site Help, System Status, and Web Test Box. Below this is a 'CDP' section with links to Eligibility, Share of Cost, Medi-Services, BCCTP, CDP, Provider Services, Batch Eligibility, Login, and Exit. At the bottom of the sidebar is a 'CDP Documents' link, which is highlighted by a callout box. The main content area shows the 'CDP Recipient Search' form. The form has two sections: 'Search by Recipient ID' and 'Search by Recipient Info'. The 'Search by Recipient ID' section has a 'Recipient ID' field and a 'Go' button. The 'Search by Recipient Info' section has fields for 'First Name', 'Last Name', 'Date of Birth', and 'SSN', each with a 'Go' button. Below the search sections is a 'Search Results by Recipient Info' table with columns for 'Recipient ID', 'SSN', 'Name', and 'Zip Code'. A callout box points to the 'CDP Documents' link in the sidebar, stating: 'STEP 14: Click on **CDP Documents** to go to the page that allows you to download copies of the forms that you need the recipient to fill out'.

Figure 9: Cancer Detection Programs: Every Woman Counts Recipient Search



STEP 15: Click on the documents that you need to download and print them as required. As optional documents are added or newer versions of the documents are published, they will be available on this page.

The screenshot shows a web page titled "Cancer Detection Programs: Documents - Download Page". On the left is a navigation menu with links like "Site Map", "Site Help", "System Status", "Web Tool Box", and various program categories. The main content area lists several document categories with links to specific forms and worksheets. Two callout boxes with arrows point to specific links: "Required documents" points to "English - Recipient Eligibility Form A" and "Spanish - Recipient Eligibility Form A"; "Optional documents (posted for information and possible use)" points to "Breast Cancer Screening & Follow-up Worksheet" and "Cervical Cancer Screening & Follow-up Worksheet".

Navigation Menu:

- » [Eligibility](#)
- » [Share of Cost](#)
- » [Medi-Services](#)
- » [BCCTP](#)
- » [Cancer Detection Programs](#)
- » [Provider Services](#)
- » [Batch Eligibility](#)
- » [Login](#)
- » [Exit](#)
- » [CDP FAQs](#)

Main Content Area:

Cancer Detection Programs: Documents - Download Page

Cancer Detection Programs: Every Woman Counts - Eligibility Forms

- [English - Recipient Eligibility Form A](#)
- [English - Recipient Eligibility Form B](#)
- [Spanish - Recipient Eligibility Form A](#)
- [Spanish - Recipient Eligibility Form B](#)

Cancer Detection Programs: Every Woman Counts - Consent Forms

- [English - Consent Form](#)
- [Spanish - Consent Form](#)
- [Chinese - Consent Form](#)
- [Korean - Consent Form](#)
- [Russian - Consent Form](#)
- [Vietnamese - Consent Form](#)

Cancer Detection Programs: Every Woman Counts - Worksheets

- [Recipient Information Worksheet](#)
- [Recipient Information Worksheet - Spanish](#)
- [Breast Cancer Screening & Follow-up Worksheet](#)
- [Cervical Cancer Screening & Follow-up Worksheet](#)

Cancer Detection Programs: Every Woman Counts - Reimbursable Procedures

- [Referral Provider Reimbursable Procedures](#)
- [Breast Only Primary Care Provider Reimbursable Procedures](#)
- [Breast and Cervical Primary Care Provider Reimbursable Procedures](#)

The CDP package requires the Acrobat Reader. If you do not have this plug-in, go to the Web Tool Box located in the left navigation area of this page to download the software.

Figure 10: Download page



STEP 16: To enroll a woman, go to the CDP Recipient Search screen. Enter at least the first two letters of her last name; enter her date of birth, and click the <Go> button.

When you do the search, a number of things can happen.

If the woman is not found, the *Recipient Information* form will be displayed with the information that you entered. GO TO STEP 17.

If the woman is found but she is not enrolled, the *Recipient Information* form will be displayed with the information that you entered plus the information that is already in the database for this woman. GO TO STEP 22.

If the woman is found and she is enrolled, the Search Results by Recipient Info box at the bottom of the CDP Recipient Search screen will be populated. GO TO STEP 28.

Note: Only the enrolling PCP will have access to a previously enrolled recipient's clinical information.

The screenshot shows the 'California Home' website with a sidebar of navigation links and a main content area. The 'CDP Recipient Search' form is highlighted. Annotations with arrows point to specific fields and buttons:

- 'STEP 16: To enroll a woman:' points to the top of the search form.
- 'Enter at least the first two letters of her last name' points to the 'Last Name' field, which contains 'TU'.
- 'Enter her date of birth' points to the 'Date of Birth' field, which contains '05/05/1945'.
- 'Click <Go>' points to the 'Go' button below the 'Date of Birth' field.

The form includes sections for 'Search by Recipient ID', 'Search by Recipient Info', and 'Search Results by Recipient Info'.

Recipient ID	SSN	Name	Zip Code

Figure 11: CDP Recipient Search



STEP 17: Complete the *Recipient Information* form.

STEP 18: Check the eligibility checklist boxes.

STEP 19: Click <Submit New Recipient> button.

The screenshot shows the 'Recipient Info' tab of a web application. The form contains the following fields and sections:

- Navigation Tabs:** Recipient Info (selected), Breast Screen, Breast Follow-Up, Cervical Screen, Cervical Follow-Up.
- Personal Information:**
 - * Last Name: tully
 - * First Name: christine
 - MI: [empty]
 - SSN: 555 - 23 - 1221
 - * Date of Birth: 01/15/1948 (format mm/dd/yyyy)
 - * Address: 112 Canal St
 - * City: Sacramento
 - State: CA
 - * Zip Code: 94234
 - Phone Number (contact number if homeless): (916) 445 - 5555
- Demographics:**
 - Are you Hispanic or Latino? ☐ Yes ☐ No
 - Select all that apply to you: American Indian or Alaskan Native, Asian, Black or African American, Pacific Islander, White, Unknown.
 - Asian - Select one: Asian Indian
 - Pacific Islander - Select one: Hawaiian
- Eligibility Checklist:**
 - ☒ Meets CDP age criteria for breast and cervical cancer screening and diagnostic programs.
 - ☒ Meets CDP income and insurance criteria for breast and cervical cancer screening, diagnostics, and treatment programs.
 - ☐ Recipient referred for Breast and Cervical Cancer Treatment Program.
 - ☒ Signed CDP consent form.
- Buttons:** Recipient Search/Add, Submit New Recipient.
- Footer:** * Indicates Required Field

Annotations on the right side of the form:

- STEP 17:** Complete the *Recipient Information* form. Required fields are marked with an asterisk.
- STEP 18:** Check eligibility checklist boxes.
- STEP 19:** Click <Submit New Recipient> button.

Figure 12: Recipient Information Screen



If everything is completed, a pop-up box will appear stating, “You have successfully added this record” and giving you the Recipient ID number. In addition, the Recipient ID number will appear at the top of the page as well as in the <Recipient Info> tab.

The label on the button will then change to <Update Recipient Info>.

Links allowing you to print the recipient information (GO TO STEP 31) and the recipient ID card (GO TO STEP 33) are displayed at the bottom of the form.

STEP 20: To continue to enter data, click <OK> button on the pop-up box.

STEP 21: To add another recipient, click the <Recipient Search/Add> button.

Recipient Info 339A0307126964 Breast Screen Breast Follow-Up Cervical Screen Cervical Follow-Up

Recipient ID: 339A0307126964

* Last Name: tully * First Name: christine MI: []

SSN: 555 - 23 - 1221

* Date of Birth: 01/15/1949

* Address: 112 Can * City: Sacram

Phone: (916) []

Are you: [] Yes [] No

Select all: American Asian Black or / Pacific Islander White Unknown

☒ Meets CDP age criteria for breast and cervical cancer screening and diagnostic programs.

☒ Meets CDP income and insurance criteria for breast and cervical cancer screening, diagnostics, and treatment programs.

☐ Recipient referred for Breast and Cervical Cancer Treatment Program.

☒ Signed CDP consent form.

Recipient Certification Date: 10/9/2002

Recipient Search/Add Update Recipient Info Print Recipient Info Print Recipient ID Card

* Indicates Required Field

Record Added

You have successfully added this record.
The Recipient ID is: 339A0307126964

OK

Recipient ID displays in three places

STEP 20: Click <OK> button to continue

Label on button changes to <Update Recipient Info>

<Print Recipient Info> and <Print Recipient ID Card> buttons are displayed

STEP 21: Click <Recipient Search/Add> button to add new recipient

Figure 13: Recipient information record added



STEP 22: If the woman is found, the Search Results by Recipient Info box at the bottom of the CDP Recipient Search screen will be populated. More than one record may be displayed based on the information that you entered for the search. Select the correct record by clicking on it.

The screenshot shows the 'CDP Recipient Search' interface. It has two main search sections. The first section, 'Search by Recipient ID', has a single input field for 'Recipient ID' and a 'Go' button. The second section, 'Search by Recipient Info', has input fields for 'First Name', 'Last Name' (filled with 'Tucker'), 'Date of Birth' (filled with '02/14/1947'), and 'SSN'. It also has a 'Go' button and an 'Add New Recipient' link. Below these is a 'Search Results by Recipient Info' section containing a table with one row of results. The table has columns for Recipient ID, SSN, Name, and Zip Code. The first row contains the values: 889A0000002001, 123121889, Tucker Elizebeth N., and 94234. An arrow from a text box points to the first row of the results table.

Recipient ID	SSN	Name	Zip Code
889A0000002001	123121889	Tucker Elizebeth N.	94234

STEP 22: Select the correct record by clicking on it

Figure 14: Recipient Search Screen



STEP 23: If the woman is found but she is not enrolled, the *Recipient Information* form will be displayed with the information that you entered plus the information that is already in the database for this woman. A Recipient ID will be displayed. This recipient ID is not active until the form is completed and the recipient is recertified. The first step in this process is to validate and correct the information associated with this woman.

STEP 24: Enter ethnicity and race information.

STEP 25: Check the eligibility checklist boxes.

STEP 26: Click <Recertify Recipient> button.

The screenshot shows the 'Recipient Info' screen for Recipient ID 889A0000002001. The form includes fields for personal information, eligibility checkboxes, and a recertification button. Annotations point to specific steps in the process:

- STEP 23:** Validate and correct information in record. Arrows point to the Last Name, First Name, SSN, Date of Birth, Address, City, State, and Zip Code fields.
- STEP 24:** Enter ethnicity and race information. Arrows point to the 'Are you Hispanic or Latino?' radio buttons and the 'Select all that apply to you' list.
- STEP 25:** Check eligibility checklist boxes. Arrows point to the four checkboxes under the 'Eligibility' section.
- STEP 26:** Click <Recertify Recipient> button. An arrow points to the 'Recertify Recipient' button.

The form fields and sections are as follows:

- Recipient Info:** 889A0000002001
- Recipient ID:** 889A0000002001
- * Last Name:** Tucker
- * First Name:** Elizabeth
- MI:** N
- SSN:** 123 - 12 - 1889
- * Date of Birth:** 02141947
- * Address:** 3456 Poland Ave
- * City:** Sacramento
- State:** CA
- * Zip Code:** 94234
- Phone Number (contact number if homeless):** (916) 555 - 5555
- Are you Hispanic or Latino?** Yes No
- Select all that apply to you:**
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Pacific Islander
 - White
 - Unknown
- Asian - Select one:** Select One
- Pacific Islander - Select one:** Select One
- Eligibility:**
 - ☐ Meets CDP age criteria for breast and cervical cancer screening and diagnostic programs.
 - ☐ Meets CDP income and insurance criteria for breast and cervical cancer screening, diagnostics, and treatment programs.
 - ☐ Recipient referred for Breast and Cervical Cancer Treatment Program.
 - ☐ Signed CDP consent form.
- Recipient Certification Date:** ** EXPIRED **
- Buttons:** Recipient Search/Add, Recertify Recipient, Print Recipient Info, Print Recipient ID Card
- Footer:** * Indicates Required Field

Figure 15: Recipient Info Screen



If everything is completed, a pop-up box will appear telling you that, “You have successfully Recertified Recipient ID: ...”

STEP 27: Click <OK> button

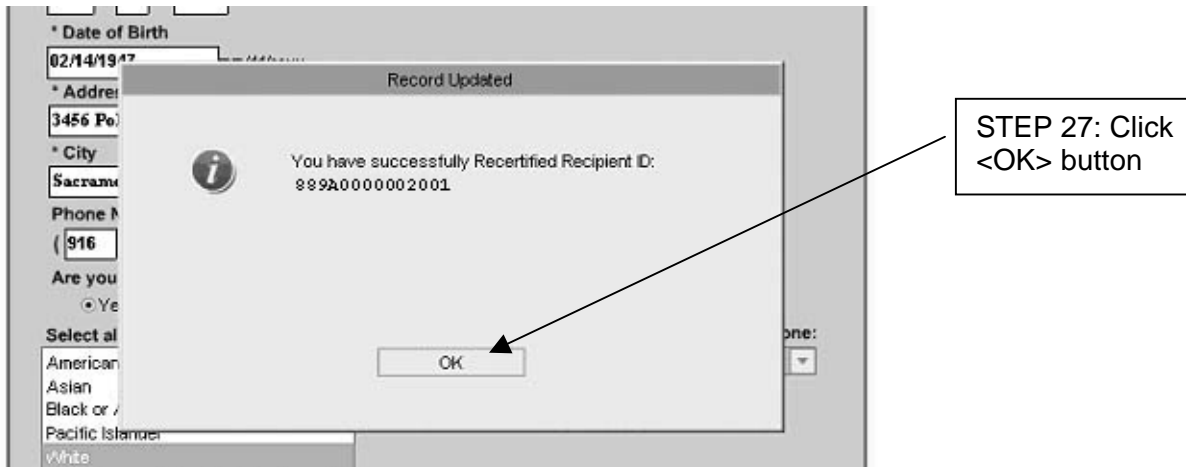


Figure 16: Recertification verification



STEP 28: If the woman is found and she is enrolled, the Search Results by Recipient Info box at the bottom of the CDP Recipient Search screen will be populated. More than one record may be displayed based on the information that you entered for the search. Select the correct record by clicking on it.

STEP 29: When clicking on a record, a pop-up box may appear stating: "You are not the provider of record for this recipient. If this" Follow the direction in the box if it appears. If this box does not appear, go to the *Recipient Information* form displaying the data for the woman that you selected. You can update her record or you can go to the *Breast Screen or Breast Follow-Up* forms to enter data.

STEP 29: Complete the information for this recipient and click <Recertify Recipient> or click the Recipient Search/Add link and try your search again

Figure 17: Not Provider of Record Pop-Up Box

STEP 30: If none of the records match the information you have, add a new recipient by clicking on <Add New Recipient> (GO TO STEP 17).

STEP 28: Select the correct record by clicking on it

STEP 30: Click <Add New Recipient> if the data in the list does not match the information that you have

Figure 18: Adding a new recipient



STEP 31: After clicking the <Print Recipient Info> button on the online *Recipient Information* form, you will be able to click the <Print> button to print the recipient information.

STEP 32: Click <Return to Recipient Info> to go back to the *Recipient Information* form.

The screenshot displays a web form titled "Recipient Information". At the top, it shows personal details for Elizabeth Taylor, including SSN, Date of Birth, Address, and Phone. Below this, a sidebar on the left contains navigation links: Eligibility, Share of Cost, Medi Services, RCTP, CDP, Provider Services, Batch Eligibility, Login, Exit, CDP Documents, and CDP Frequently Asked Questions. The main content area is divided into sections: "Breast Screen", "Breast Follow-up", "Cervical Screen", and "Cervical Follow-up". Each section contains text indicating whether screening or procedures were performed. At the bottom of the form, there are two buttons: "Print" and "Return to Recipient Info".

STEP 31: Click <Print> button to print copy of recipient information

STEP 32: Click <Return to Recipient Info> to go back to *Recipient Info* form

Figure 19: Print and Return to Recipient Info Screen



STEP 33: After clicking the <Print Recipient ID Card> button on the *Recipient Information* form, you will be able to click the <Print> button to print the recipient's information.

STEP 34: Click <Return to Recipient Info> in order to go back to the *Recipient Information* form.

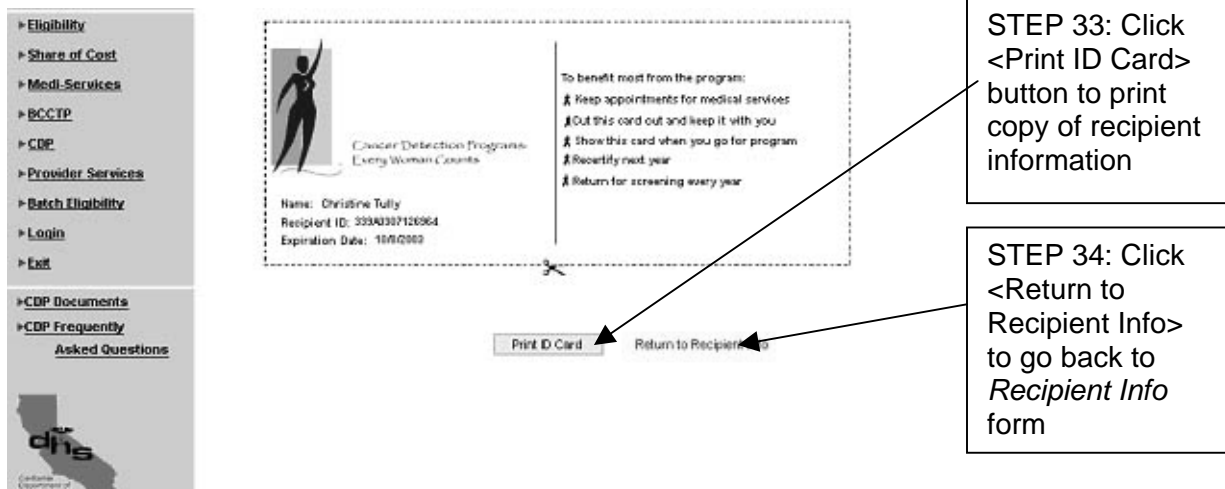


Figure 20: Print and Return to Recipient Info information



Claim Submission

With the implementation of this new enrollment process, hard copy attachments and traditional outcome code reporting will no longer be required for dates of service on or after October 1, 2002. Claims may be submitted either hard copy or electronically through usual Medi-Cal billing procedures. Claims must be submitted with the 14-digit ID number that is received after the *Recipient Information* form has been completed and submitted. All claims submitted without the 14-digit ID number will be denied. All other Medi-Cal criteria will apply (for example, timeliness guidelines, modifier requirements, etc.).

Breast and Cervical Cancer Treatment Program (BCCTP)

For those recipients who have been diagnosed with breast or cervical cancer or certain pre-cancerous conditions and are found to need treatment, please refer to the Breast and Cervical Cancer Treatment Program (BCCTP) information on the Medi-Cal Web site.

To access the online BCCTP application, go to www.medi-cal.ca.gov.

1. Click on "Transaction Services."
2. Enter the provider number and PIN that is used for Cancer Detection Programs: Every Woman Counts or Family PACT.
3. Click on "Perform BCCTP Enrollment." (For additional assistance with the application, click on "Application Overview Process.")

For more information regarding BCCTP, please visit the Medi-Cal Web site. For information about how to receive the BCCTP Step-By-Step User Guide, call the Health Access Programs (HAP) Hotline at 1-800-257-6900.



Instructions for Completing the *Recipient Information* Online Form

Recipient Information

Last Name: Enter last name of recipient. (If only one name, enter name in the last name field and leave the first name blank.)

First Name: Enter first name of recipient.

Middle Initial: Enter middle initial of recipient. (If none, leave blank.)

Social Security Number: Enter the Social Security Number of recipient. (If none, leave blank.)

Date of Birth: Enter date of birth of recipient in the space provided using the following format: Month (MM) Day (DD) Year (CCYY). For example, January 7, 1950 would be written as 01071950 or 01/07/1950.

Address: Enter residence address of recipient. If homeless, enter the address where recipient receives mail.

City: Enter name of the city in which the recipient lives or receives mail.

ZIP code: Enter the ZIP code for the recipient's residence or mailing address.

Phone Number: Enter the recipient's telephone number including area code. Or, if recipient has no telephone number, enter the telephone number where recipient can be contacted.

Are you Hispanic or Latino? Enter the recipient's response to this question. Please encourage applicants to provide race and ethnicity information. **Note:** Even if the recipient responds "Yes," further race information is desired.

Select all that apply to you: Use the drop-down box to select one or more race designation(s) that apply to the recipient. More than one can be selected by pressing the <CTRL> button and using the mouse to click on the different options.

(Select one if Asian): Use the drop-down box to select the sub-category of Asian if the recipient indicates that she is "Asian."

(Select one if Pacific Islander): Use the drop-down box to select the sub-category of Pacific Islander if the recipient indicates that she is "Pacific Islander."

Meets CDP age criteria: Check this box if the recipient meets the program age criteria.

Meets CDP income and insurance criteria: Check this box if the recipient meets the program income and insurance criteria. (Forms used to validate that the recipient meets these criteria are to be filed in the recipient's medical record.)

Recipient referred for Breast and Cervical Cancer Treatment Program: Check this box if the recipient was referred for the Breast and Cervical Cancer Treatment Program (BCCTP).

Note: Referral to BCCTP is not a requirement for participation in Cancer Detection Programs: Every Woman Counts.

Signed CDP consent form: Check this box if the recipient has signed the program consent form. (File the signed consent form in the recipient's medical record.)

Save the data entered by clicking the <Submit> button at the bottom of the form.



Instructions for Completing the *Breast Screen Online Form*

Recipient Info: 336 ? Breast Screen ? Breast Follow-Up Cervical Screen Cervical Follow-Up

Breast Cancer Screening Performed through Cancer Detection Programs: Every Woman Counts? Yes No

Clinical Breast Exam

CURRENT breast symptoms? Yes No Unknown

Date of CURRENT CBE: mm/dd/yyyy

☐ CURRENT Results obtained from a non-CDP provider

CURRENT Clinical Breast Exam Results (Check One)

☐ No breast abnormality

☐ Benign breast condition

☐ Probably benign breast condition

☐ Abnormality, rule out breast cancer

If CBE not performed, why not? (Check One)

☐ CBE not needed at this time

☐ CBE needed but not performed (includes refused/other/reason unknown)

PREVIOUS Mammogram(s)? Yes No Unknown

Date of most recent PREVIOUS mammogram: mm/dd/yyyy ☐ Date unknown

Mammogram

Date of mammogram: mm/dd/yyyy

Mammography Results (Check one)

☐ Negative

☐ Benign

☐ Probably benign

☐ Suspicious abnormality

☐ Highly suggestive of malignancy

☐ Assessment incomplete

☐ Unsatisfactory, radiologist could not read

If mammogram not performed, why not? (Check one)

☐ Not needed

☐ Needed but not performed (includes refused)

☐ Done recently, breast screening and follow-up services paid with non-CDP funds

NEXT STEP

Based on CURRENT CBE, mammogram, or patient's concerns the next step for this recipient is: (Check One)

☐ Recipient should return for a routine rescreen

☐ IMMEDIATE WORK-UP

☐ Short-Term Follow-Up

Submit

Figure 21: Breast Screen Online Form

Breast Cancer Screening Performed through Cancer Detection Programs: Every Woman Counts?: Check “Yes” or “No.”

Clinical Breast Exam (CBE)

Current breast symptoms? Check “Yes” if the recipient has or reports any breast symptoms; check “No” if the recipient does not have breast symptoms; check “Unknown” if it cannot be determined if the recipient has breast symptoms. Examples of breast symptoms include:

- Discrete mass/lump
- Non-cyclical breast pain
- Spontaneous unilateral nipple discharge
- Skin scaliness
- Skin dimpling or puckering
- Skin ulceration
- Skin inflammation

Date of current CBE: Enter the date of the current Clinical Breast Examination (CBE), using the following format: Month (MM) Day (DD) Year (CCYY).

Current results obtained from a non-CDP program provider: Check this box if the CBE results reported below have been obtained from a non-CDP provider.



Clinical Breast Exam results (Check one): Check the box that has the description that most closely documents the result of the CBE:

- **No breast abnormality:** Check this box if the CBE was performed and the findings were within normal limits.
- **Benign breast condition:** Check this box if the CBE revealed diffuse changes but no discrete hard lump and is not considered to be an abnormal result.
- **Probably benign breast condition:** Check this box if the CBE revealed something that was not a discrete mass/lump that leads to short term follow-up.
- **Abnormality, rule out breast cancer:** Check this box if the CBE revealed a condition that requires an immediate diagnostic work-up or follow-up to rule out breast cancer.

If CBE not performed, why not? (Check one): Check one of the following if a CBE was not performed:

- **CBE not needed at this time:** Check if the recipient had a normal CBE within the last 12 months. This can include clinical breast exam(s) performed elsewhere.
- **CBE needed but not performed (includes refused/other/reason unknown):** Check if the recipient is due for a CBE but one was not performed. This could include a recipient's refusal of an examination or other unknown reasons why the CBE was not performed.

Previous Mammogram

Previous mammogram(s)?

- If the recipient has had one or more previous mammograms, check "Yes."
- If recipient has not had a previous mammogram, check "No."
- If it is not known if the recipient has had a previous mammogram, check "Unknown."

Date of most recent previous mammogram: Enter the date of the recipient's most recent prior mammogram, using the following format: Month (MM) Year (CCYY). If the month of the previous mammogram is not known, enter the year. If the year of the previous mammogram is not known, check "Date Unknown."

Mammogram

Date of mammogram: Enter the date of the recipient's screening mammogram using the following format: Month (MM) Day (DD) Year (CCYY).

Mammography Results (Check one): Check the box that is the reported result of the screening mammogram:

- **Negative:** Check this box if the physician who interpreted the films reported negative. If there were clinical finding(s) or symptom(s), despite the negative assessment, these were explained. [MQSA category A or BIRADS 1]
- **Benign:** Check this box if the physician who interpreted the films reported benign. [MQSA category B or BIRADS 2]
- **Probably benign:** Check this box if the physician who interpreted the films reported probably benign findings. Probably benign findings have a high probability of being benign, but the radiologist determined that short-term follow-up was needed. The follow-up must be completed. However, a significant time lapse between the initial work-up and the short-term follow-up may require creation of a new Breast Cancer Screening and Follow-up submission. [MQSA category C or BIRADS 3]



- **Suspicious abnormality:** Check this box if the physician who interpreted the films reported suspicious abnormality. This indicates the findings are without all the characteristic morphology of breast cancer but indicates a strong probability of being malignant. Record immediate work-up in the *Next Step* box. Then complete the *Breast Cancer Follow-Up* Online form after the follow-up. [MQSA category D or BIRADS 4]
- **Highly suggestive of malignancy:** Check this box if the physician who interpreted the films reported a finding highly suggestive of malignancy. These finding(s) have a high probability of being malignant. Record immediate work-up in the *Next Step* box. Then complete the *Breast Cancer Follow-Up* online form after the follow-up. [MQSA category E or BIRADS 5]
- **Assessment incomplete:** Check this box if the physician who interpreted the films reported that the assessment is incomplete. This category is reported when no final assessment can be assigned due to incomplete work-up. Record immediate work-up in the *Next Step* box. Then, complete the *Breast Cancer Follow-Up* online form after the assessment has been completed and recorded. [MQSA category F or BIRADS 0]
- **Unsatisfactory, radiologist could not read:** Check this box if the physician who interpreted the films reported unsatisfactory. Record Short Term Follow-Up in the *Next Step* box. After the repeat mammogram is completed, record the assessment.

If mammogram not performed, why not? (Check one): Check the box that has the description that most closely documents the reason for no mammogram:

- **Not needed:** Check this box if the recipient had a normal mammogram within the last 12 months. This can include a mammogram done elsewhere.
- **Needed but not performed (includes refused):** Check this box if the mammogram was indicated but was not scheduled or performed for some reason. The recipient could have refused the mammogram.
- **Done recently, breast screening and follow-up services paid with non-CDP funds:** Check this box if the mammogram was done recently and paid for with non-CDP funds.

Based on current CBE, mammogram, or recipient concerns, the next step for the recipient is (Check one):

- **Recipient should return for routine rescreen:** Check this box if the screening was normal and completed.
- **Immediate Work-Up:** Check this box if there is need to do diagnostic procedures immediately to determine if the result is cancer or not cancer.
- **Short Term Follow-Up:** Check this box if the recipient requires follow-up within the next six months to determine if the status is normal or abnormal.

Save the data entered by clicking the <Submit> button at the bottom of the form.



Instructions for Completing the *Breast Follow-Up* Online Form

Recipient Info	Breast Screen	Breast Follow-Up	Cervical Screen	Cervical Follow-Up
349A045				
Breast Cancer Diagnostic Procedures				
Additional mammographic views		mm/dd/ccyy		
Repeat Breast Exam/Surgical Consultation		mm/dd/ccyy		
Ultrasound		mm/dd/ccyy		
Biopsy/Lumpectomy		mm/dd/ccyy		
Fine needle/Cyst aspiration		mm/dd/ccyy		
Other procedure performed		mm/dd/ccyy		
Specify:				
Other procedure performed		mm/dd/ccyy		
Specify:				
Breast Cancer Diagnosis Status				
<input type="radio"/> Work-up complete <input type="radio"/> Lost to follow-up (two phone calls and certified letter sent) <input type="radio"/> Work-up refused <input type="radio"/> Died before work-up completed				
Date of this diagnosis status		mm/dd/ccyy		
Breast Cancer Final Diagnosis				
<input type="radio"/> Not Cancer <input type="radio"/> Cancer in situ (Ductal or Lobular not specified) <input type="radio"/> Lobular Cancer in situ (LCIS) (AJCC stage 0) <input type="radio"/> Ductal Cancer in situ (DCIS) (AJCC stage 0) <input type="radio"/> Invasive Cancer				
Date of this final diagnosis		mm/dd/ccyy		
Invasive Breast Cancer Stage		Invasive Breast Cancer Tumor Size		
<input type="radio"/> AJCC stage I <input type="radio"/> AJCC stage II <input type="radio"/> AJCC stage III <input type="radio"/> AJCC stage IV <input type="radio"/> Stage unknown (Check if the invasive cancer stage is unconfirmed or not available.)		<input type="radio"/> 0 to <= 1cm <input type="radio"/> >1 to <= 2cm <input type="radio"/> >2 to <= 5cm <input type="radio"/> > 5cm <input type="radio"/> Unknown		
Breast Cancer Treatment Status				
<input type="radio"/> Treatment initiated <input type="radio"/> Referred for treatment (pending) <input type="radio"/> Lost to follow-up (two phone calls and certified letter) <input type="radio"/> Treatment refused <input type="radio"/> Treatment not needed <input type="radio"/> Died before entering treatment				
Date of this treatment status		mm/dd/ccyy		
Submit				

Figure 22: *Breast Follow-Up* Online Form

Breast Cancer Diagnostic Procedures: If there were abnormal results that require a diagnostic follow-up, complete this part of the form.

Additional mammographic views: If additional views were performed, enter the date using the following format: Month (MM) Day (DD) Year (CCYY).

Repeat Breast Exam/Surgical Consultation: If a repeat CBE or surgical consultation was performed, enter the date using the following format: Month (MM) Day (DD) Year (CCYY).

Ultrasound: If an ultrasound was performed, enter the date using the following format: Month (MM) Day (DD) Year (CCYY).

Biopsy/Lumpectomy: If a biopsy and/or lumpectomy was performed, enter the date using the following format: Month (MM) Day (DD) Year (CCYY).



Fine needle/Cyst aspiration: If a fine needle aspiration or a cyst aspiration was performed, enter the date using the following format: Month (MM) Day (DD) Year (CCYY).

Other procedure performed: If a diagnostic procedure not listed above was performed, enter the date using the following format: Month (MM) Day (DD) Year (CCYY).

Specify: Enter a description or CPT-4 code for the other diagnostic procedure performed.

Other procedure performed: If a diagnostic procedure not listed above was performed, enter using the following format: Month (MM) Day (DD) Year (CCYY).

Specify: Enter a description or CPT-4 code for the other diagnostic procedure performed.

Breast Cancer Diagnosis Status: Complete this part of the form if the recipient's breast cancer screening results were abnormal and required diagnostic follow-up. Check only one of the following:

- **Work-up complete:** Check this box if there are no further diagnostic procedures needed to determine the diagnosis, and if applicable, stage of cancer, tumor size and/or treatment status.
- **Lost to follow-up (two phone calls and certified letter sent):** Check this box if the recipient was lost to follow-up before the definitive diagnostic procedures were performed. The provider cannot designate lost to follow-up unless three attempts were made to contact the recipient. The third contact attempt must be by certified letter.
- **Work-up refused:** Check this box if the recipient refused to have diagnostic follow-up performed.
- **Died before work-up completed:** Check this box if the recipient died before the diagnostic status was determined.

Date of this diagnostic status: Enter the date of the diagnostic status using the following format: Month (MM) Day (DD) Year (CCYY).

Breast Cancer Final Diagnosis

Complete this part of the form if the recipient's breast cancer screening results were abnormal and required diagnostic follow-up. The final diagnosis of breast cancer can only be determined by a pathology report from histologic examination of tissue/cells.

Breast Cancer Final Diagnosis: Complete this part of the form if the recipient's breast cancer screening results were abnormal and required diagnostic follow-up. The American Joint Committee on Cancer (AJCC) has published staging criteria:

- **Not Cancer:** Check this box if the diagnosis is not cancer.
- **Cancer in situ (ductal or lobular not specified):** Check this box if the pathology report indicated the diagnosis of breast cancer in situ but does not indicate if the lesion is ductal or lobular. (This may include Paget's disease of the nipple with no tumor.)
- **Lobular Cancer in situ (LCIS) (AJCC Stage 0):** Check this box if the pathology report indicates the diagnosis is lobular carcinoma in situ.
- **Ductal Cancer in situ (DCIS) (AJCC Stage 0):** Check this box if the pathology report indicated the diagnosis is ductal carcinoma in situ.
- **Invasive Cancer:** Check this box if the pathology report indicates the diagnosis is invasive cancer.



Date of this final diagnosis: Enter the date of the diagnosis using the following format:
Month (MM) Day (DD) Year (CCYY).

Complete this part of the form only if the final diagnosis is invasive cancer.

Invasive Breast Cancer Stage: Check one of the following boxes if the woman has invasive breast cancer:

- **AJCC Stage I:** Check this box if the pathology report indicates the lesion is located within glandular tissue of the breast with a primary tumor not larger than 2 cm in its greatest dimension. There is no regional lymph node metastasis and no distant metastasis.
- **AJCC Stage II:** Check this box if the pathology report indicates the lesion is located within glandular tissue of the breast with a primary tumor larger than 2 cm, up to and including 5 cm in its greatest dimension with or without metastasis to moveable ipsilateral axillary lymph node(s) only, but no distant metastasis. Also check this box if the pathology report indicates a tumor larger than 5 cm in its greatest dimension with no regional lymph node and no distant metastasis. Also check this box if the pathology report indicates a primary tumor smaller than 2 cm but with metastasis to moveable ipsilateral axillary lymph nodes only.
- **AJCC Stage III:** Check this box if the pathology report indicates the lesion is located within glandular tissue of the breast with a primary tumor larger than 5 cm in its greatest dimension with metastasis to moveable ipsilateral axillary nodes but no distant metastasis. Also check this box if the pathology report indicates metastasis to fixed ipsilateral axillary nodes or ipsilateral internal mammary nodes, regardless of tumor size but without distant metastasis. Also check this box if the tumor directly extends to the chest wall or skin regardless of its size, as long as there are no distant metastases.
- **AJCC Stage IV:** Check this box if the pathology report indicates that the lesion is located within glandular tissue of the breast, any tumor size with any type of lymph node involvement, and there are distant metastases.
- **Stage unknown (Check if the invasive cancer stage is unconfirmed or not available):** Check this box if the pathology report indicates invasive cancer, but the stage is unconfirmed or not available.

Complete this part of the form only if the final diagnosis is invasive cancer.

Invasive Breast Cancer Tumor Size: The tumor size is a medical decision based on medical reports, biopsy reports and surgical pathology reports. Check one of the following if the woman has invasive breast cancer:

- **0 to \leq 1 cm:** Check this box if the tumor is no more than 1 cm in its greatest dimension.
- **> 1 to \leq 2 cm:** Check this box if the tumor is greater than 1 cm and less than or equal to 2 cm in its greatest dimension.
- **> 2 to \leq 5 cm:** Check this box if the tumor is greater than 2 cm and less than or equal to 5 cm in its greatest dimension.
- **> 5 cm:** Check this box if the tumor is greater than 5 cm in its greatest dimension.
- **Unknown:** Check this box if the tumor size is unknown or not available.

Complete this part of the form only if the final diagnosis is breast cancer.

Breast Cancer Treatment Status:

- **Treatment initiated:** Check this box if the recipient accepted a referral for treatment and the clinic staff can verify that treatment has been initiated either from the recipient or treatment facility.



- **Referred for treatment (pending):** Check this box if the recipient has accepted a referral to an outside clinic, hospital or other treatment facility and is waiting for an appointment.
- **Lost to follow-up (two phone calls and certified letter):** Check this box if the recipient did not begin treatment and the clinic staff cannot locate the recipient. Three attempts must be made to contact the recipient. The third attempt must be by certified letter.
- **Treatment refused:** Check this box if the recipient refused treatment. Document in the medical record the reasons for the refusal and educational endeavors of the clinic staff. The decision whether to accept or refuse treatment is the right of the recipient.
- **Treatment not needed:** Check this box if the recipient had diagnostic procedures performed and the medical decision states “there is no treatment needed at this time.” This might occur if fibroadenoma or a fibrocystic condition is diagnosed.
- **Died before entering treatment:** Check this box if the recipient died before beginning treatment.

Date of this treatment status: Enter the date when treatment status was determined using the following format: Month (MM) Day (DD) Year (CCYY).

Save the data entered by clicking the <Submit> button at the bottom of the form.



Instructions for Completing the *Cervical Cancer Screen Online Form*

The form is titled "Cervical Cancer Screening Performed through Cancer Detection Programs: Every Woman Counts?". It includes tabs for "Recipient Info", "Screen", "Follow-Up", "Cervical Screen", and "Cervical Follow-Up". The "Cervical Screen" tab is active.

Pelvic Exam
 Date of CURRENT pelvic exam: [Month/Day/Year]
 Rectovaginal exam performed? ☐ Yes ☐ No

Previous Pap Smear Test(s)? ☐ Yes ☐ No ☐ Unknown
 Date of most recent PREVIOUS Pap smear: [Month/Day/Year] or [Date unknown]

Pap Smear Test
 Date of Pap Smear Test: [Month/Day/Year]

Specimen Adequacy (Check one)
☐ Satisfactory for evaluation
☐ Unsatisfactory for evaluation

Specimen Type (Check one)
☐ Conventional Smear ☐ Other (No Cover)
☐ Liquid Based ☐ Unknown (No Cover)

Pap Smear Results (Check one)
☐ Negative for intraepithelial lesion or malignancy
☐ Atypical squamous cells of undetermined significance, cannot exclude HSIL (ASC-US)
☐ Atypical squamous cells of undetermined significance, cannot exclude HSIL (ASC-H)
☐ Low grade squamous intraepithelial lesion (LSIL), encompassing: human papillomavirus (HPV) dysplasia/cervical intraepithelial neoplasia (CIN I)
☐ High grade squamous intraepithelial lesion (HSIL), encompassing: moderate and severe dysplasia, carcinoma in situ, CIN II and CIN III
☐ Squamous cell carcinoma
☐ Atypical glandular cells (AGC)
☐ Atypical glandular cells (AGC), favor neoplastic
☐ Endocervical adenocarcinoma in situ (AIS)
☐ Adenocarcinoma
☐ Other (specify): [Text Box]

If Pap Smear Test not performed, why not? (Check one)
☐ Not needed
☐ Needed but not performed (includes refused)
☐ Done recently; cervical screening and follow-up services paid with non-CDP funds

NEXT STEP
 Based on pelvic exam or Pap smear test results, the next step for this recipient is:
☐ Recipient should return for routine rescreen
☐ IMMEDIATE WORK-UP
☐ Short-Term Follow-Up

[Submit]

Figure 23: Cervical Cancer Screen Online Form

Cervical Cancer Screening Performed through Cancer Detection Programs: Every Woman Counts? Check “Yes” or “No.”

Pelvic Exam:

Date of current pelvic exam: Enter the date if a current pelvic exam was performed using the following format: Month (MM) Day (DD) Year (CCYY).

Rectovaginal exam performed? Check “Yes” if a rectovaginal exam was performed. Check “No” if a rectovaginal exam was not performed.

Pap Smear

Previous Pap Smear Test(s)? Check “Yes” if a previous Pap smear was done. Check “No” if a previous Pap smear was not done. Check “Unknown” if it is unknown as to whether the recipient had a prior Pap smear.

Date of most recent previous Pap smear (date box) or date unknown: Enter the date if a previous Pap smear was performed, filling in the date of the previous Pap smear using the following format: Month (MM) Year (CCYY). If the month of the previous Pap smear test is not known, enter the year. If the year of the previous Pap smear test is not known, check “Date Unknown.”



Date of Pap Smear Test: Enter the date if a Pap smear was performed using the following format: Month (MM) Day (DD) Year (CCYY).

Specimen Adequacy (Check one):

- **Satisfactory for evaluation:** Check the box if the cytology report does not state that the Pap smear was unsatisfactory or the specimen was inadequate.
- **Unsatisfactory for evaluation:** Check the box if the cytology report states that the Pap smear was an unsatisfactory specimen (for example, a specimen with no epithelial cells or excessive blood cells).

Specimen Type (Check one): Check the box to document the type of Pap smear testing kit used to obtain the Pap smear specimen (conventional smear, liquid based, other or unknown).

Note: Cancer Detection Programs: Every Woman Counts reimburses for conventional Pap smear tests only.

Pap Smear Results (Check one): Check findings in the laboratory report and go to the next step.

- Negative for intraepithelial lesion or malignancy
- Atypical squamous cells of undetermined significance (ASC-US)
- Atypical squamous cells of undetermined significance, cannot exclude HSIL (ASC-H)
- Low grade squamous intraepithelial lesion (LSIL) encompassing: human papilloma virus/mild dysplasia/cervical intraepithelial neoplasia (CIN I)
- High grade squamous intraepithelial lesion (HSIL) encompassing: moderate and severe dysplasia, carcinoma insitu, CIN II and CIN III.
- Squamous cell carcinoma
- Atypical glandular cells (AGC)
- Atypical glandular cells (AGC), favor neoplastic
- Endocervical adenocarcinoma in situ (AIS)
- Adenocarcinoma
- Other (specify)_____

If Pap smear test not performed, why not? (Check one): Check either “Need explanation,” “Not Needed,” “Needed but not performed,” or “Done recently, cervical screening and follow-up services paid with non-CDP funds.”

Next Step

Based on pelvic exam or Pap smear results, the next step for this recipient is (check the box that indicates the next step):

- **Recipient should return for routine rescreen:** Check this box if the screening was normal and completed.
- **Immediate Work-Up:** Check this box if there is a need to do diagnostic procedures immediately to determine if the result is cancer or not cancer.
- **Short Term Follow-Up:** Check this box if the recipient requires follow-up within the next six months to determine if the status is normal or abnormal.

Save the data entered by clicking the <Submit> button at the bottom of the form.



Instructions for Completing the *Cervical Cancer Follow-Up* Online Form

The screenshot shows the 'Cervical Cancer Follow-Up' online form. At the top, there are tabs for 'Recipient Info', 'Breast Screen', 'Breast Follow-Up', 'Cervical Screen', and 'Cervical Follow-Up'. The 'Cervical Follow-Up' tab is selected, showing a patient ID '34940'. The form is divided into five main sections:

- Cervical Cancer Diagnostic Procedures:** Includes checkboxes for 'Colposcopy without biopsy', 'Colposcopy directed biopsy', and 'Other procedure performed'. Each has a date field (MM/DD/YYYY) and a 'Specify' text field.
- Cervical Cancer Diagnosis Status (Check One):** Includes checkboxes for 'Work-up complete', 'Lost to follow-up (two phone calls and certified letter sent)', 'Work-up refused', and 'Died before work-up completed'. There is a 'Date of this diagnostic status' field.
- Cervical Cancer Final Diagnosis (Check One):** Includes checkboxes for 'Normal/ benign reaction', 'HPV/condyloma/leukoplakia', 'CIN I (biopsy diagnosis)', 'CIN II (biopsy diagnosis)', 'CIN III/carcinoma in situ (stage 0) (biopsy diagnosis)', 'Invasive cervical carcinoma (biopsy diagnosis)', and 'Other (specify)'. There is a 'Date of this diagnosis' field.
- Invasive Cervical Cancer Stage (Check One):** Includes checkboxes for 'AJCC stage I', 'AJCC stage II', 'AJCC stage III', 'AJCC stage IV', and 'Stage unknown (Check if the invasive cancer stage is unconfirmed or not available)'. There is a 'Date of this diagnosis' field.
- Cervical Cancer Treatment Status (Check One):** Includes checkboxes for 'Treatment initiated', 'Referred for treatment (pending)', 'Lost to follow-up (two phone calls and certified letter)', 'Treatment refused', 'Treatment not needed', and 'Died before entering treatment'. There is a 'Date of this treatment status' field.

A 'Submit' button is located at the bottom of the form.

Figure 24: *Cervical Cancer Follow-Up* Online Form

Cervical Cancer Diagnostic Procedures: Complete this part of the form if there were abnormal results that require a diagnostic follow-up.

Colposcopy without biopsy (date): Enter the date of the procedure using the following format: Month (MM) Day (DD) Year (CCYY).

Colposcopy directed biopsy (date): Enter the date of the procedure using the following format: Month (MM) Day (DD) Year (CCYY).

Other procedure performed (date): This item is used if another procedure was performed. Enter the date of the procedure using the following format: Month (MM) Day (DD) Year (CCYY).

Specify: Enter a description or CPT-4 code for the other diagnostic procedure performed.

Other procedure performed (date): This item is used if a second additional procedure was done. Enter the date of the procedure using the following format: Month (MM) Day (DD) Year (CCYY).

Specify: Enter a description or CPT-4 code for the other diagnostic procedure performed.

Cervical Cancer Diagnosis Status (Check one):

- **Work-up complete:** Check this box if there are no further diagnostic procedures needed to determine the diagnosis, stage of cancer, tumor size and/or treatment recommendations.



- **Lost to follow-up (two phone calls and certified letter sent):** Check this box if the recipient was lost to follow-up before the definitive diagnostic procedures were performed. Two attempts must be made to contact the recipient. The third attempt must be by certified letter.
- **Diagnostic work-up refused:** Check this box if the recipient refused to have diagnostic follow-up performed.
- **Died before work-up completed:** Check this box if the recipient died before the diagnostic status was determined.

Date of this diagnostic status (date): Enter the date of this diagnostic status using the following format: Month (MM) Day (DD) Year (CCYY).

Cervical Cancer Final Diagnosis (Check one): Check the box that has the description that most closely documents the result of the cervical cancer final diagnosis:

- **Normal/benign reaction:** Check this box if the colposcopic examination is normal and the entire squamocolumnar junction is seen. This is also the final diagnosis when the biopsy result, if taken, is negative and the endocervical curettage is negative. This code is also used if the Pap smear was not normal (with changes suggestive of infection, for example), but the epithelial cells were seen on colposcopic examination and were normal.
- **HPV/condylomata/atypia:** Check this box when the cytology report notes cellular changes associated with the human papilloma virus (HPV).
- **CIN I (biopsy diagnosis):** Check this box when the pathology report notes findings consistent with a low-grade squamous intraepithelial lesion (LSIL) or cervical intraepithelial neoplasia (CIN I).
- **CIN II (biopsy diagnosis):** Check this box if the pathology report indicates findings consistent with a high-grade squamous intraepithelial lesion (HSIL), moderate dysplasia or cervical intraepithelial neoplasia (CIN II).
- **CIN III/carcinoma in situ (stage 0) (biopsy diagnosis):** Check this box if the pathology report indicates findings consistent with severe dysplasia, cervical intraepithelial neoplasia (CIN III), or carcinoma in situ also noted as CIS or Stage 0.
- **Invasive cervical carcinoma (biopsy diagnosis):** Check this box if the pathology report indicates invasive carcinoma.
- **Other (specify):** Check this box if the pathology report indicates findings of other cancers or the result is not one of the results listed above. Enter the results as a description or a CPT-4 code in the space provided.

Date of the final diagnosis (date box): Enter the date of this diagnosis when performed, filling in the date of the diagnosis using the following format: Month (MM) Day (DD) Year (CCYY).

Invasive Cervical Cancer Stage (Check only one): Complete this part of the form only if the final diagnosis is cancer.

- **AJCC Stage I/FIGO Stage 1:** Check this box if the tumor is strictly confined to the uterus (extension to the corpus should be disregarded).
- **AJCC Stage II/FIGO Stage 2:** Check this box if the tumor invades beyond the uterus without extension to the pelvic wall or to the lower third of the vagina.
- **AJCC Stage III/FIGO Stage 3:** Check this box if the tumor involves the pelvic wall and/or lower third of the vagina. This stage includes all cases with hydronephrosis or non-functioning kidney.



- **AJCC Stage IV/FIGO Stage 4:** Check this box if the tumor extends beyond the true pelvis and invades mucosa of the bladder or rectum. Bullous edema is not sufficient to classify a tumor as Stage IV.
- **Stage unknown:** Check this box if invasive cancer is diagnosed, but the stage is unconfirmed or not available.

Cervical Cancer Treatment Status (Complete if final diagnosis is CIN II, CIN III, or invasive cancer) (Check only one):

- **Treatment initiated:** Check this box if the recipient accepted a referral for treatment and the clinic staff can verify that treatment has been initiated either from the recipient or treatment facility.
- **Referred for treatment (pending):** Check this box if the recipient has accepted a referral to an outside clinic, hospital, or other treatment facility and is waiting for an appointment.
- **Lost to follow-up (two phone calls and certified letter):** Check this box if the recipient did not begin treatment and the clinic staff cannot locate the recipient. Three attempts must be made to contact the recipient. The third attempt must be by certified letter.
- **Treatment refused:** Check this box if the recipient refused treatment. Documentation regarding the reasons for the refusal and educational endeavors of the clinic staff should be noted in the recipient's medical record. The decision whether to accept or refuse treatment is the right of the recipient.
- **Treatment not needed:** Check this box if the recipient had diagnostic procedures performed and the medical decision states there is no treatment needed at this time.
- **Died before entering treatment:** Check this box if the recipient died before beginning treatment.

Date of this treatment status (date box): Enter the date of the cervical cancer treatment status, using the following format: Month (MM) Day (DD) Year (CCYY).

Save the data entered by clicking the <Submit> button at the bottom of the form.



Terms and Acronyms

BCCTP	Breast & Cervical Cancer Treatment Program
CBE	Clinical Breast Exam
CDC	Centers for Disease Control and Prevention
CDS	Cancer Detection Section
CMC	Computer Media Claims
DHS	Department of Health Services
Family PACT	Family Planning, Access, Care and Treatment
HAP	Health Access Programs
NCCC	Northern California Cancer Center
OHC	Other Health Coverage
Partnership	Regional Cancer Detection Partnership, a local resource for Cancer Detection Programs: Every Woman Counts
PCP	Primary Care Provider
PIN	Provider Identification Number
PSC	Provider Support Center
UBD	Uniform Billing and Data Systems

Note: For a complete list of Medi-Cal acronyms, please refer to the *Acronyms and Abbreviations Glossary* in the *Medi-Cal Indexes and Glossary Manual*.



Provider Resources

Contact Information	Assistance Available
Health Access Programs (HAP) Hotline 1-800-257-6900 8 a.m. – 5 p.m., Monday – Friday	<ul style="list-style-type: none"> • Cancer Detection Programs: Every Woman Counts, Family PACT, OB, CPSP, PE, BCCTP • Billing assistance, Claim Status • Request representative onsite technical assistance
Provider Support Center (PSC) 1-800-541-5555 8 a.m. – 5 p.m., Monday – Friday	<ul style="list-style-type: none"> • General Medi-Cal issues • Medi-Cal provider enrollment • PIN requests
POS/Internet Help Desk 1-800-427-1295 6 a.m. – midnight, 7 days a week	<ul style="list-style-type: none"> • Web site questions • Cancer Detection Programs: Every Woman Counts online forms assistance • BCCTP application assistance
Computer Media Claims Help Desk (CMC) (916) 636-1100 8 a.m. – 5 p.m., Monday – Friday	<ul style="list-style-type: none"> • CMC claims submission and technical assistance
Regional Cancer Detection Partnerships (complete list of Partnerships located on a following page) 9 a.m. – 7 p.m., Monday – Friday	<ul style="list-style-type: none"> • Program information • Technical assistance to implement program requirements • Information about professional education and other events • Collaboration with other providers in the region • Program-related quality improvement initiatives
Cancer Detection Programs: Every Woman Counts Web site: www.dhs.ca.gov/cancerdetection	<ul style="list-style-type: none"> • Consumer program information
Cancer Detection Programs: Every Woman Counts in collaboration with San Diego State University Quality Assurance Project. Web site: http://qap.sdsu.edu	<ul style="list-style-type: none"> • Provider clinical resources • Breast Diagnostic Algorithms • Provider training opportunities
Breast and Cervical Cancer Treatment Program (BCCTP) Eligibility Specialist 1-800-824-0088 8 a.m. – 5 p.m., Monday – Friday	<ul style="list-style-type: none"> • Determine BCCTP eligibility • Answer eligibility policy questions • BCCTP application questions • Information about BCCTP
Cancer Detection Programs: Every Woman Counts Consumer Line 1-800-511-2300 Operated by the Northern California Cancer Center (NCCC) 9 a.m. – 7 p.m., Monday – Friday	<ul style="list-style-type: none"> • Information on women's cancer screening services • Determine eligibility for free women's cancer screening services • Referrals to providers of women's cancer screening providers • Assistance available in English, Spanish, Mandarin, Cantonese, Vietnamese, Korean
Contact Information	Assistance Available
Medi-Cal Provider Manual Web site: www.medi-cal.ca.gov	<ul style="list-style-type: none"> • Cancer Detection Programs: Every Woman Counts requirements and approved procedures • Medi-Cal billing policy and guidelines



Communicating with Medi-Cal

Medi-Cal Directory

The following directory lists the help desks, touch-tone interactive response systems and Bulletin Board System (BBS) that providers may call for Medi-Cal information or assistance. See the corresponding telephone numbers and hours of operation on the following page.

FOR ASSISTANCE WITH	PLEASE CALL
BILLING INSTRUCTIONS OR OTHER INQUIRIES NOT LISTED BELOW	PSC
BILLING INQUIRIES BY BENEFICIARIES (ONLY)	BCTG
CLAIM ADJUDICATION	
Claim Status	PTN
General Inquiries	PSC
Pharmacy Online (Paid or Denied Claims)	POS
Warrant Information	PTN
ENROLLMENT	
Bulletin Board Access	CMC
Electronic Billing	CMC
General Inquiries	PSC
In-State and Border Providers	DHS
Out-of-State Providers	OOS
POS Network	POS
MANUALS AND GENERAL INFORMATION	
Automated Eligibility Verification System (AEVS) User Manual	POS
Automated Remittance Data Services (ARDS) Manual **	CMC or BBS
Bulletin Board User Manual	BBS
Claims and Eligibility Real-Time System (CERTS) User Guide **	POS
Computer Media Claims Technical Manual **	CMC or BBS
Point of Service Network Interface Specifications **	POS or BBS
Point of Service (POS) Device User Guide **	POS
Provider Manual (In-State and Border Providers)	PSC
** Includes information about software development and/or distribution	
TREATMENT AUTHORIZATION REQUEST (TAR)	
Authorization	TAR field office
Denial	TAR field office
General Inquiries	PSC
Status	PTN
Submission (General)	TAR field office



Help Desk		TELEPHONE NUMBER	ASSISTANCE FOR
BENEFICIARY CORRESPONDENCE* AND TELEPHONE GROUP 8 a.m. – 5 p.m., Monday – Friday	BCTG	(916) 636-1980	Recipients Only – Billing Questions
COMPUTER MEDIA CLAIMS HELP DESK 8 a.m. – noon, 1 p.m. – 5 p.m., Monday – Friday	CMC	(916) 636-1100	In-state Medi-Cal Providers
DHS PROVIDER ENROLLMENT 8 a.m. – 5 p.m., Monday – Friday	DHS	(916) 323-1945	All Providers
FEE-FOR-SERVICE/MANAGED CARE HELP DESK 8 a.m. – noon, 1 p.m. – 5 p.m., Monday – Friday	FFS/MC	1-800-586-3026	Fee-For-Service/ Managed Care Providers
OUT-OF-STATE PROVIDER LINE* 8 a.m. – noon, 1 p.m. – 5 p.m., Monday – Friday	OOS	(916) 636-1960	Out-of-State Providers
POS/INTERNET HELP DESK* 6 a.m. – midnight., 7 days a week	POS	1-800-427-1295 (916) 636-1990	In-state Providers Out-of-State, Border, Local Providers ⁺
Provider Support Center* 8 a.m. – 5 p.m., Monday – Friday Formerly The Toll-Free Telephone Group (TTG)	PSC	1-800-541-5555 (916) 636-1000, ext. 2100 1-800-541-7747 1-800-257-6900	In-state Medi-Cal Providers Border Providers Special Program Providers:• Adult Day Health Care (ADHC) California Children's Services/ Genetically Handicapped Persons Program (CCS/GHPP) Children's Treatment Program (CTP) or Child Health and Disability Prevention Program (CHDP) Expanded Access to Primary Care Program (EAPC) Local Educational Agency (LEA) Health Access Programs (HAP): Obstetrics or Comprehensive Perinatal Services Program (OB/CPSP), Family PACT, Cancer Detection Programs: Every Woman Counts
TREATMENT AUTHORIZATION REQUEST (TAR) FIELD OFFICES	TAR	Refer to the <i>TAR Field Office Addresses</i> section in the Part 2 manual.	
INTERACTIVE RESPONSE SYSTEMS			
AUTOMATED ELIGIBILITY VERIFICATION SYSTEM 2 a.m. – midnight, 7 days a week	AEVS	1-800-456-2387 1-800-866-2387	In-state Medi-Cal Providers Out-of-State, Border Providers
SUPPLEMENTARY AUTOMATED ELIGIBILITY SYSTEM* 2 a.m. – midnight, 7 days a week	SAEVS	1-800-427-1295 (916) 636-1990	In-state Non-Medi-Cal Providers and Intermediaries Out-of-State, Border Providers ⁺
PROVIDER TELECOMMUNICATIONS NETWORK (PTN) 7 a.m. – 8 p.m., 7 days a week	PTN	1-800-786-4346 (916) 636-1950	In-state Medi-Cal Providers Out-of-State, Border, Local Providers ⁺
BULLETIN BOARD SYSTEM			
BULLETIN BOARD SYSTEM 24 hours a day, 7 days a week	BBS	(916) 636-1100 and ask for BBS	Authorized Enrolled Users

⁺ Local Medi-Cal Providers are those who can call without paying toll charges.

^{*} Bilingual (English/Spanish) operators are available.

^{*} Call the main PSC line at 1-800-541-5555 for special programs that are not preceded by a telephone number.



Cancer Detection Programs: Every Woman Counts Regional Cancer Detection Partnership Contacts Directory

The services of the Cancer Detection Programs: Every Woman Counts are performed in accordance with Cancer Detection Section (CDS) clinical standards and are available through ten partnerships statewide. Primary Care Providers (PCPs) may contact their partnership for further information.

Counties Served	Partnership Name	Contact	Phone	Fax
San Diego, Imperial	Partners for Cancer Prevention	Program Coordinator Clinical Coordinator	(858) 554-5560 (858) 554-5564 1-800-400-4922	(619) 299-2543
Orange County	Orange County Cancer Detection Partnership	Program Coordinator Clinical Coordinator	(714) 796-0156 (714) 834-7584 1-800-298-0800	(714) 834-5053
Inyo, Riverside, San Bernardino	Inland Agency/ Desert Sierra	Program Coordinator Clinical Coordinator	(909) 697-6565 ext. 245 (909) 697-6565 ext. 230	(909) 697-4410
Los Angeles	Partnered for Progress	Program Coordinator Clinical Coordinator	(323) 549-0800 (323) 549-0800 *1-800-303-1131	(323) 549-0200
San Luis Obispo, Santa Barbara	Tri-Counties Regional Partnership	Program Coordinator Clinical Coordinator	(805) 681-4783 (805) 681-4956	(805) 681-5159
Ventura		Clinical Coordinator	(805) 654-7618	(805) 654-7610
Fresno, Kern, Kings, Madera, Mariposa, Merced, Stanislaus, Tulare, Tuolumne	Central Valley Women's Health Partnership	Program Coordinator Clinical Coordinator	(559) 244-4537 (559) 244-4544 *1-800-604-6789	(559) 221-6219
Monterey, San Benito, Santa Clara, Santa Cruz	Central Coast/Santa Clara	Program Coordinator Clinical Coordinator	(831) 755-4142 (831) 759-6598 *1-800-831-1884	(831) 755-4067
Alameda, Contra Costa, San Francisco, San Mateo, Marin, Solano	Bay Area Breast and Cervical Health Collaborative	Program Coordinator Clinical Coordinator	(510) 437-8447 (510) 437-4784 *1-800-500-4497	(510) 437-5084
Alpine, Amador, Calaveras, El Dorado, Mono, Nevada, Placer, Sacramento, San Joaquin, Sierra, Sutter, Yolo, Yuba	Gold Country Region	Program Coordinator Clinical Coordinator	(916) 556-3344 (916) 556-3344	(916) 446-0427
Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Napa, Plumas, Shasta, Siskiyou, Sonoma, Tehama, Trinity	Northern California Breast and Cervical Partnership	Program Coordinator Clinical Coordinator	(530) 345-2483 (530) 345-2483 *1-800-682-2282	(530) 345-3214

* Note: This toll free (800) telephone number is accessible from only certain areas



Health Access Programs (HAP) Representatives

For assistance with billing and claims follow-up for the following programs:

- Obstetrics (OB)
- Comprehensive Perinatal Services Program (CPSP)
- Presumptive Eligibility (PE)
- Family PACT
- Cancer Detection Programs: Every Woman Counts
- Breast and Cervical Cancer Treatment Program (BCCTP)

Representative	Phone Numbers	Counties Served
Northwest Regional Representative Barbara Salge barb.salge@eds.com	Office: (415) 752-7255 Cell: (415) 786-4691	Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, San Francisco, San Mateo, Trinity
Northeast Regional Representative Theresa Cox theresa.cox@eds.com	Office: (209) 545-8975 Cell: (209) 345-4053	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Lassen, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Solano, Sutter, Tehama, Eastern Trinity, Yolo, Yuba
Central Regional Representative Diane Muth diane.muth@eds.com	Office: (805) 929-1968 Cell: (805) 709-6986	Fresno, Kern, Kings, Madera, Mariposa, Merced, Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Clara, Santa Cruz, Stanislaus, Tulare, Tuolumne, Ventura
Los Angeles Regional Representatives Darshana Shah darshana.shah@eds.com Sumanth Wadhwani sumanth.wadhwani@eds.com	Office: (818) 244-3593 Cell: (714) 608-7520 Office: (562) 483-1755 Cell: (562) 713-3135	Los Angeles (West of 710 freeway) (East of 710 freeway)
Southern Regional Representative Sandy Hobbs sandy.hobbs@eds.com	Office: (909) 845-8209 Cell: (909) 226-0062	Imperial, Inyo, Orange, Riverside, San Bernardino, San Diego

